DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							С
		34G037	B. WING			09/	23/2022
	PROVIDER OR SUPPLIER RD LANE CENTER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 42 MALLARD LANE ROCKINGHAM, NC 28379		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	X	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	ГS	w o	000			
W 154	for intake#NC0019		W 1	54			
	violations are thoro This STANDARD is Based on record re facility failed to thor	ave evidence that all alleged ughly investigated. s not met as evidenced by: eviews and interviews, the roughly investigate allegations ct for 1 of 1 audit clients (#1).					
	7:10am, client #1 w the living room of th came into the home	s in the home on 9/23/22 at vas sitting in his wheelchair in he home. When the surveyor e client #1 said, "Hi". Further led client #1 had a row of tape ligh.					
	client #1 just had the yesterday. Staff A	on 9/23/22, Staff A reported the staples in his thigh removed went on to say client #1's right but the staff did not know how					
	was not aware how	on 9/23/22, Staff B stated she client #1's leg got broken, due not working when it					
	she was working or right femur was bro another staff person heard client #1's leg	on 9/23/22, Staff C revealed the the day in which client#1's oken. Staff C went on to state in was who told her that he g "pop" while he was trying to ite on him. Further interview					
LABORATOR'	 Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

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		34G037	B. WING _			/23/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 142 MALLARD LANE ROCKINGHAM, NC 28379		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 154	when it happened. she called the on-c Staff C stated the restance of that client #1 could hospital. Review on 9/23/22 investigations reveal incident which occurred incident incident which occurred incident investigations of abusinvestigations of abusinvestigation, the procession of incident investigations soul working days of init investigations soul working days of init investigation packed summary, interview form and all other is should be forwarded and Human Resound Review on 9/23/22 Improvement System "Manager on-call in Professional) on call from Mallard Ln grothey were calling E have a possible fra	never seemed to be in any pain Additional interview revealed all person and then the nurse. The second seco	W 15	4		

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		34G037	B. WING _		09	C / 23/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 142 MALLARD LANE ROCKINGHAM, NC 28379			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 154	phone. I asked her stated "I'm going to working with him," on the phone name was and he told me Support Profession explain to me what he stated, "I was go shower and putting his legs and [Client a pop." [Client #1] was a coiden putting on his disported she spoke she stated that he hopping sound and changed. Further i was at the hospital was he as the guardian called it in. The gu spoken to client #1' type of medication bones and also coutest. Additional intermity did not have and well being. During an interview Intellectual Disability the staff who was pure brief heard a poppit to spread open his revealed client #1' r	In staff (Staff C) answered the what has happened. She let you talk to the person said ok, then a gentlemen got said ok, then	W 15	54			

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		34G037	B. WING			C / 23/2022	
NAME OF PROVIDER OR SUPPLIER MALLARD LANE CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 142 MALLARD LANE ROCKINGHAM, NC 28379		20,2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 154	about 15 minutes h and that is when the was called. Additio surgeon told the far toothpaste and they happened before. Disabilities Profess	is right thigh began to swell up e on-call person and the nurse nal interview revealed the mily client #1's bones are like were surprised this has not The Qualified Intellectual ional (QIDP) revealed an ot conducted for an incident	W 1	54			